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Bib Data Sheet

CONFIRMATION NO. 2228

<b>SERIAL NUMBER</b> 10/770,280	<b>FILING OR 371(c) DATE</b> 02/02/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1616	<b>ATTORNEY DOCKET NO.</b> FDN-2773/CIP
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/357,881 02/04/2003 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

04/30/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 12/10	<b>INDEPENDENT CLAIMS</b> 3
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## ADDRESS

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## TITLE

Antimicrobial oxazolidine/iodopropynyl-butyl carbamate composition containing less than 0.1wt% free formaldehyde

<b>FILING FEE RECEIVED</b> 1114	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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